

State of Minnesota

District Court

County of

Judicial District: _____

Court File Number: _____

Assigned Judge: _____

Case Type: **Dissolution without Children**

In Re the Marriage of:

Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)

Answer and Counter-Petition

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Petition is signed)

ANSWER

1. The following paragraphs of the *Petition for Dissolution of Marriage* are TRUE: _____

2. The following paragraphs of the *Petition for Dissolution of Marriage* are NOT TRUE: _____

3. The following paragraphs of the *Petition for Dissolution of Marriage* are PARTLY TRUE
AND PARTLY NOT TRUE: _____

4. I do not know if the following paragraphs of the *Petition for Dissolution of Marriage* are
TRUE OR NOT TRUE: _____

COUNTER PETITION

1. Information about Petitioner

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

Date of Birth: _____
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last

First Middle Last

2. Information about Respondent

Full Name: _____
First Middle Last

Address where you live: _____
Street Address Apt. No.

City County State Zip Code

Mailing address for receiving papers for this case: ☐ Same as above address OR

Street Address Apt. No.

City County State Zip Code

Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First	Middle	Last
First	Middle	Last

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____, in the
City of _____, County of _____, State
of _____, Country of _____.

4. 180 Day Requirement

- a. Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO
☐ UNKNOWN
- b. Has Respondent been living in Minnesota for the past six (6) months? ☐ YES ☐ NO
- c. Were Petitioner and Respondent married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow us to maintain an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent? ☐ YES ☐ NO

5. Armed Forces

- a. Is Petitioner an active duty member of the armed forces?
☐ YES ☐ NO ☐ UNKNOWN

If YES, has Petitioner been stationed in Minnesota for the past six (6) months?

☐ YES ☐ NO

- b. Is Respondent an active duty member of the armed forces? ☐ YES ☐ NO

If YES, has Respondent been stationed in Minnesota for the past (6) months?

☐ YES ☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Petitioner and the marriage cannot be saved.

7. Physical Living Situation

Do Petitioner and Respondent live together at this time? ☐ YES ☐ NO

If **NO**, the date we separated was: _____.
Month Day Year

If **YES**, why are you living together at this time? _____

8. Other Proceedings

a. Has a separate court case for marriage dissolution, legal separation, or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere? ☐ YES ☐ NO If YES, the type of court case is: _____ and it was started in _____ County in the State of _____ and the Court file number is _____, and the status or outcome of the case is:

☐ Open ☐ Closed ☐ I do not know

9. Protection or Harassment Order

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO

If YES:

The *Order* protects: ☐ Petitioner ☐ Respondent and the Order was filed in _____ County in _____ State on _____ date, and the Court file number is _____.

☐ **A copy of the Order is submitted with this Answer or was submitted with the Petition.**

10. Verification of No Children from the Marriage

- a. Do Petitioner and Respondent have minor children under the age of 18, or under 20 and still in high school, or adult dependents who are not able to support themselves because of a physical or mental condition? ☐ YES ☐ NO (If you answered YES you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)
- b. Has either Petitioner or Respondent given birth during the marriage to a minor child who is not a child of the other spouse? ☐ YES ☐ NO (If you answered YES you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)
- c. Is either spouse pregnant? ☐ YES ☐ NO ☐ UNKNOWN marriage. (If either spouse is pregnant you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)

11. Petitioner's Children from Other Relationship

Does Petitioner have minor child(ren) from another marriage or relationship?

☐ YES ☐ NO ☐ UNKNOWN

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Petitioner?	Does Petitioner pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Respondent's Children from other Relationship

Does Respondent have minor child(ren) from another marriage or relationship?

☐ YES ☐ NO

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Respondent?	Does Respondent pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. Public Assistance

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

- a. Does Petitioner receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

☐ MFIP ☐ Medical Assistance ☐ Tribal TANF

☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- b. Does Respondent receive public assistance from the State of Minnesota?

☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

☐ MFIP ☐ Medical Assistance ☐ Tribal TANF

☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

14. School

- a. Is Petitioner currently enrolled in school? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

1. The name of the school is _____

2. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other

3. The type of degree expected is _____ and the expected graduation date is _____.

- b. Is Respondent currently enrolled in school? ☐ YES ☐ NO

If **YES**:

1. The name of the school is _____
2. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
3. The type of degree expected is _____ and the expected graduation date is _____.

15. Social Security or Disability Income

- a. Does anyone in Petitioner's household receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the name of the person who receives the income is: _____

and the person's relationship to Petitioner is _____

and the amount received per month is: \$ _____ OR ☐ UNKNOWN.

- b. Does anyone in Respondent's household receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO

If **YES**, the name of the person who receives the income is: _____

and the person's relationship to Respondent is _____

and the amount received per month is: \$ _____.

16. Petitioner's Employment

- a. Is Petitioner employed? ☐ YES ☐ NO ☐ UNKNOWN

Is Petitioner Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

- b. Name and address of Petitioner's employer. (If Petitioner has more than one job, list the Name and Address of each employer.)

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

17. Petitioner's Income

The Income questions ask for monthly income. If paid weekly, multiply the weekly income by 4.33 to get monthly income. If paid every two weeks, multiply by 2.17 to get monthly income. If paid twice a month, multiply by 2.

- a. Petitioner's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions_____

OR ☐ Petitioner's tax filing status is unknown to Respondent.

- b. Petitioner has income from the following sources:

☐ Respondent has no information about Petitioner's income OR

☐ Respondent does not have detailed information about Petitioner's income, but has good reason to believe that Petitioner's pay is \$_____ per ☐ week ☐ month ☐ year, with bonuses, overtime or commissions in the additional amount of \$_____ per ☐ week ☐ month ☐ year. This is Petitioner's ☐ Net Income (after taxes and deductions) or ☐ Gross Income (before taxes and deductions.)

OR

☐ Respondent has detailed information about Petitioner's income. (If this is true, fill out the income information below.)

Sources of Income	Amount per month (or zero) before deductions/taxes
-------------------	--

Self Employment Net Monthly Revenues	\$_____ per month
--------------------------------------	-------------------

Self Employment income means gross receipts minus costs of
Goods sold ordinary and necessary business expenses)

Job with _____ \$ _____ per month

Monthly income from a job = $\frac{\text{Hourly wage} \times \text{Hours worked per week} \times 4.33}{\text{weeks per month}}$

Second Job with _____ \$ _____ per month

If Petitioner has a job or jobs, answer the questions in the table for each job. If Petitioner has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Is Petitioner paid by the hour or does Petitioner have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$ _____	\$ _____
Does Petitioner receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$ _____ How much is expected this year? \$ _____	If Yes, how much was received in commissions or bonuses last year? \$ _____ How much is expected this year? \$ _____

Petitioner's Other Sources of Income:

- ☐ Unemployment \$ _____ per month
- ☐ Social Security (SSDI or RSDI) \$ _____ per month
- ☐ Supplemental Security Income (SSI) \$ _____ per month
- ☐ MFIP \$ _____ per month
- ☐ General Assistance \$ _____ per month
- ☐ Investments or Rental Income \$ _____ per month
- ☐ Pension \$ _____ per month
- ☐ Workers Compensation \$ _____ per month
- ☐ Other _____ \$ _____ per month

Identify Source

Petitioner's **gross** income totals \$ _____ per month

from jobs, self-employment and all other sources.

- c. Petitioner's deductions from monthly gross income: (Provide the total from all jobs, self-employment and other sources of income.)

The question asks for monthly deductions. If paid weekly, multiply the deductions shown on pay stub by 4.33 to get monthly deductions. If paid every two weeks, multiply deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____ per month

2. State income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____ per month

3. Social Security (FICA) \$ _____ per month

4. Medicaid/Medicare \$ _____ per month

5. Reasonable pension deduction \$ _____ per month

6. Monthly cost of health and dental insurance coverage

Petitioner gets through his/her employer or by

purchasing it on his/her own \$ _____ per month

OR

An amount for actual medical and

dental expenses \$ _____ per month

Explain what the expenses are for: _____

7. Union dues \$ _____ per month

8. Child support or spousal maintenance order

Petitioner currently pays \$ _____ per month

Total Deductions \$ _____ **per month**

If Petitioner has other deductions from pay, they may be included as living expenses at Question #24.

- d. Petitioner's **net** income totals \$ _____ per month, from all jobs and sources of income. Subtract total deductions listed at (c) from gross income listed at (b).

Does Petitioner receive child support payments? ☐ YES ☐ NO ☐ UNKNOWN

If YES, Petitioner receives child support payments from _____
(name(s) of payor(s)) in the total amount of \$_____per month.

18. Respondent's Employment

Is Respondent employed? ☐ YES ☐ NO

Is Respondent Self-Employed? ☐ YES ☐ NO

Name and address of Respondent's employer. (If you have more than one job, list the
Name and Address of each employer.)

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City State Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City State Zip Code

19. Respondent's Income

The Income questions ask for monthly income. If paid weekly, multiply the weekly income by 4.33 to get monthly income. If paid every two weeks, multiply by 2.17 to get monthly income. If paid twice a month, multiply by 2.

a. Respondent's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions

b. Respondent has income from the following sources in the following amounts (check all that apply):

Sources of Income	Amount per month (before taxes and deductions)
<input type="checkbox"/> Self Employment Net Monthly Revenues	\$_____

Calculate the net monthly revenues from self employment as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition, if possible.

☐ Job with _____ \$_____ per month

☐ Second Job with _____ \$_____ per month

If Respondent has a job or jobs, answer the questions in the table for each job. If Respondent has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours worked per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$_____	\$_____
Do you receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____

Respondent's Other Sources of Income:

☐ Unemployment \$_____ per month

☐ Social Security (SSDI or RSDI) \$_____ per month

☐ Supplemental Security Income (SSI) \$_____ per month

☐ MFIP \$_____ per month

☐ General Assistance \$_____ per month

☐ Investments or Rental Income \$_____ per month

☐ Pension \$_____ per month

☐ Workers Compensation \$_____ per month

☐ Other _____ \$_____ per month

Identify Source

Respondent's **gross** income totals \$_____ per month

from jobs, self-employment and all other sources.

- c. Respondent has the following deductions from gross income: (Provide the total from all jobs, self-employment and other sources of incomes.)

The question asks for monthly deductions. If Respondent is paid weekly, multiply the deductions shown on the paystub by 4.33 to get monthly deductions. If paid every two weeks, multiply the deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____ per month
2. State income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____ per month
3. Social Security (FICA) \$ _____ per month
4. Medicaid/Medicare \$ _____ per month
5. Reasonable pension deduction \$ _____ per month
6. Monthly cost of health and dental insurance coverage Respondent gets through his/her employer or by purchasing it on his/her own \$ _____ per month

OR

An amount for actual monthly medical and dental expenses \$ _____ per month

Explain what the expenses are for: _____

7. Union dues \$ _____ per month
8. Child support or spousal maintenance order that Respondent currently pays \$ _____ per month
- Total Deductions** \$ _____ **per month**

If there are other deductions from your pay, they may be included as living expenses at Question #24.

- d. Respondent's **net** income totals \$ _____ per month.
Subtract total deductions listed at (c) from gross income listed at (b).

- e. Does Respondent receive child support payments? ☐ YES ☐ NO
If YES, Respondent receives child support payments from _____
(name(s) of payor(s)) in the total amount of \$_____per month.

20. Medical / Dental Insurance

- a. Does Petitioner have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO ☐ UNKNOWN

Dental: ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent

and this dental insurance covers: ☐ Petitioner ☐ Respondent

- b. Does Respondent have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO Dental: ☐ YES ☐ NO

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent

and this dental insurance covers: ☐ Petitioner ☐ Respondent

- c. Does Petitioner receive Medical Assistance or Minnesota Care through the State of

Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

- d. Does Respondent receive Medical Assistance or Minnesota Care through the State of

Minnesota? ☐ YES ☐ NO

21. Spousal Maintenance

- a. Does Petitioner need spousal maintenance from Respondent? ☐ YES ☐ NO If

YES, Petitioner is _____ years of age, Petitioner and Respondent have been married

for _____ years. Petitioner has the following education:

_____. Petitioner's gross monthly income totals

\$ _____, Petitioner's monthly expenses total \$ _____, and

Petitioner is not able to maintain the standard of living established during the

marriage because: _____

- b. Does Respondent need spousal maintenance from Petitioner? ☐ YES ☐ NO If **YES**, Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____ Respondent's gross monthly income totals \$ _____, Respondent's monthly expenses total \$ _____ and Respondent is not able to maintain the standard of living established during the marriage because: _____

22. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by Petitioner and Respondent together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

Does Respondent own a vehicle? ☐ YES ☐ NO

List all vehicles owned by Petitioner and Respondent together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

23. Marital Property

Marital property means almost anything that you or Petitioner now own that was received or bought during the marriage, even during the times you were separated. Marital Property

includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already to the Respondent's satisfaction?

☐ YES ☐ NO

If **NO**, Respondent requests the following marital property: _____

24. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

a. Does Petitioner have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Petitioner's non-marital property: _____

b. Does Respondent have non-marital property? ☐ YES ☐ NO

If YES, list Respondent's non-marital property: _____

25. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments?

☐ YES ☐ NO ☐ UNKNOWN

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. **Use Confidential Information Form 11.1 (CON111) to list Financial Institution name and account numbers.**

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #38.

Financial Institution	Type of Account	Amount	Belongs to: (name on account)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

b. List cash not listed above:

Petitioner has cash in the amount of \$_____. OR ☐ UNKNOWN

Respondent has cash in the amount of \$_____.

26. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO ☐ UNKNOWN

Does Respondent have an interest in a business? ☐ YES ☐ NO

If YES, the name of the business is _____, the address is _____

_____ and the value is \$ _____. How did you arrive at this value? _____

27. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO ☐ UNKNOWN

Does Respondent own a manufactured home? ☐ YES ☐ NO

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

a. Address of the manufactured home: _____

in the city of _____, state of _____

b. What type of home is it? (single, double-wide etc.) _____

c. Whose name(s) is on the title? _____

d. When was the home purchased? _____

e. What was the purchase price? \$ _____

f. What is the current values of the home? \$ _____

g. How did you arrive at that amount as the current value? _____

h. How much money is still owed on the home? \$ _____

i. If money is owed on the home, who is the money owed to? _____

j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own

Note: If you own the lot, you must list the land at Paragraph 37.

28. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO ☐ UNKNOWN
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO
- d. How many properties are owned by you and Petitioner in total? ☐ None ☐ One
☐ Two ☐ Three ☐ _____

If you or your spouse own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Petition, and label each sheet "Attachment to Petition of _____(your name)"

Real Property Information

1. Real Estate belongs to: (List full names of all owners) _____

2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is: _____

City State County Zip Code

4. Purchase date _____ (month , day, year) and purchase price: \$ _____

5. Mortgages or loans: (List all mortgages and loans on the property)

☐ There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed \$ _____ and name of lender _____

2nd Mortgage: Amount currently owed \$ _____ and name of lender _____

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____

How did you arrive at this value? _____

7. This property is the homestead: _____ Yes _____ No

29. Retirement Plans

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

The name of the Financial Institution and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: _____

b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

- i. The name of the plan is: _____
- ii. The employer, union or group providing the plan is: _____
- iii. The date Petitioner began working at the job or joined the union or group plan is: _____

- iv. The type of plan is: (e.g. defined benefit, defined contribution) _____

- v. The present value of the pension or plan is: _____

c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO

If YES:

The name of the Financial Institution and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: _____

d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

☐ YES ☐ NO

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

- a) The name of the plan is: _____
- b) The employer, union or group providing the plan is: _____
- c) The date Respondent began working at the job or joined the union or group plan is: _____
- d) The type of plan is: (e.g. defined benefit, defined contribution) _____

- e) The present value of the pension or plan is: _____

30. Debts

Does Petitioner have debt? ☐ YES ☐ NO ☐ UNKNOWN

Does Respondent have debt? ☐ YES ☐ NO

If YES, list debts in your name, your spouse's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

Money is owed to:	Money was used for:	Whose Name is on the Account and When was the Debt Incurred? Name Date	Balance Owed	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Debt			\$	\$

31. Name Change

Does Respondent want to change his/her name? ☐ YES ☐ NO If YES, answer (a) through (c) below:

a. Respondent's name should be changed to _____
First Middle Last

Is this name a former legal name or maiden name? ☐ YES ☐ NO If NO, the reason Respondent wants to change to this name is: _____

b. Respondent has no intent to defraud or mislead anyone by changing his/her name:

☐ True ☐ False

- c. Has Respondent been convicted of a felony? ☐ YES ☐ NO If **YES**, answer i. and ii:

- ☐ i. Respondent has given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13. (See Felon Name Change Instructions)
- ☐ ii. Respondent has submitted with this Petition an *Affidavit of Service of the Notice* marked Exhibit "A".

32. Other Include other facts you think the Court should know.

BASED UPON THE ABOVE INFORMATION, Respondent requests that the Court issue a final judgment and decree granting the following relief:

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.

2. Health Care Coverage for the Parties

- ☐ a. Ordering each party to provide for his or her own ☐ medical ☐ dental insurance.
- ☐ b. Ordering _____ (full name) to provide ☐ medical ☐ dental insurance for _____ (full name).
- ☐ c. Allowing _____ (full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.
- ☐ d. Reserving the issue of medical and dental insurance for the parties.

3. Spousal Maintenance

- ☐ a. Maintenance is denied to Petitioner and Respondent.
- ☐ b. Reserving the issue of maintenance.
- ☐ c. Ordering ☐ Petitioner ☐ Respondent to pay spousal maintenance to
☐ Petitioner ☐ Respondent.

4. Vehicles

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

5. Marital Property

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

6. Non-Marital Property

Dividing the parties non-marital property

☐ a. As currently divided **OR**

☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

7. Cash and Accounts

a. Awarding the savings, and investments as follows:

Institution	Type of Account	Amount	Awarded to
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

b. ☐ Awarding any cash not included in a. above to the party who currently has the cash
OR

☐ Awarding the cash as follows: _____

8. Business

☐ None OR

☐ Awarding the parties' **business** as follows: _____

9. Manufactured Home

☐ None OR

☐ Awarding the manufactured home located at : _____
street address

city

state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____
_____ shall be paid by ☐ Petitioner ☐ Respondent.

10. Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of
Petitioner and Respondent in the real property located at:

Street address _____ in

the City of _____, County of _____,

State of _____, which has the following legal description:

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$_____ and name of lender:_____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$_____

☐ Other request regarding the property: (describe the request fully)_____

11. Additional Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of
husband and wife in the real property located at:

Street address_____ in

the City of _____, County of _____,

State of _____, which has the following legal description:

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$_____ and name of lender:_____

2nd Mortgage: Amount currently owed: \$_____ and name of lender:_____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$_____

☐ Other request regarding the property: (describe the request fully)_____

12. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows: ☐ 100% to Petitioner **OR**

☐ Dividing Petitioner's retirement benefits fairly and equitably between the parties.

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows: ☐ 100% to Respondent **OR**

☐ Dividing Respondent's retirement benefits fairly and equitably between the parties.

13. Debts

☐ a. Dividing the debts as follows and ordering each party to hold the other harmless from any responsibility for the debts so divided. *Include all debts listed at 39 above.*

Debt Owed To:	To Be Paid By:

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Petition is signed)

Verification and Acknowledgments

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing this document, Court costs, and reasonable attorney's fees. I understand that I could also be prosecuted for perjury if I am not telling the truth in my Counter-Petition.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

DATE: ____ / ____ / ____
Month Day Year

Respondent's Signature

Street Address: _____

City, State: _____

Zip Code: _____

Telephone: (____) _____

E-mail address: _____